

West of the Rockies

Letter from Abroad

The power of song

Mary Clark, New York, NY marydujour@aol.com
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I am a theater artist, and for 7 years I ran a small touring company. We would develop and write our material; build costumes, wigs, puppets, and sets; arrange music; teach workshops; perform; and run the business. International festivals as well as elementary schools commissioned my work, which is based on European-style physical and visual theater. I also direct an a cappella harmony group. I love my work in the arts but have always felt that it is a luxury—entertainment for those who already have the basics covered.

I longed to be of practical service to people in need, so in 1998 I went to Swaziland for 2 months as a volunteer. The plan was for me to work with a small charitable organization delivering nutritional supplements, treatments for sexually transmitted infections,

HIV education, and basic health care services to villages, clinics, schools, and church communities. I have no formal medical education—my background in health is limited to a strong foundation in anatomy, nutrition, and preventive medicine, the necessary tools for a healthy life without health insurance. In Swaziland, I would be the "gofer"—packaging mixtures of vitamin supplements, distributing water and green vegetables, and carrying heavy boxes—which, thanks to my arts work, I do very well and without complaining.

The mission of the organization was to teach about health matters in an attempt to bridge widening gaps in an overtaxed health care system. Swaziland, though blessed with peace and stable race relations, has a corn-



PK, the traditional healer, in his hut



Health care work in Swaziland

based diet high in sugars, a high prevalence of sexually transmitted infections, a growing rate of HIV infection, an explosion of orphans, and evidence of disease that no longer responds to treatment with antibiotics. The hospitals are painfully overcrowded, and terminally ill patients may be discharged from the hospital to make room for more treatable cases.

On my first day, we made the weekly visit to a clinic compound run by a traditional healer named PK. PK had built his clinic for poor villagers and patients considered by the hospital system to have an incurable condition. The clinic was a miniature village of huts busy with goats, dogs, children, and extended family members looking after sick relatives. PK had treatment rooms with running water, but the huts were simply shelters with cots or blankets on the floor. Indoor space was at a premium, with some huts overflowing.

I could smile and gesture to patients at the clinic, but my limited knowledge of Siswati, the native language, made communication difficult. On a visit near the end of my stay, Jane Cox, a Swazi health care worker and our translator, asked me to come to one of the huts. Five women shared it, and every inch of the hut space was taken up by a patient on a

bed or a blanket. One of the women, Ida, was crying because she had just been told that she must go back to the hospital to have both legs amputated. As a double amputee, she would be unable to care for her children, grow crops, or tend the cattle. Ida was in despair. Jane asked if I would sing something for her.

Jane started to speak, and I assumed that she was telling the women that I was a singer at home and that I would like to sing for them. When she mentioned my name, Mary Clark, the women's faces lit up, and an older woman who appeared to be the grandmother shouted out, "Merry Christmas! Merry Christmas!" The women laughed and joined in with calls of "Merry Christmas, America" and "Hallelujah!" interspersed with Siswati. Then they were silent. Jane told me that they wanted to hear a song from my home. A million songs flew through my mind, and I tried to find one that they might connect to, even though I would be singing in a foreign language. Elvis and the Beatles are well known around the world, but these women would have had no radio exposure. But they did go to church, so I started a Patsy Cline favorite, "Just a Closer Walk With Thee." I saw their interest and appreciation but realized that "Jesus," a name they would recognize, was not mentioned much in the song. In an attempt to connect more strongly, I went straight from the verse I was singing to a chorus of "Glory, Glory, Hallelujah" from the "Battle Hymn of the Republic."

The women burst into song.

Ida rocked, cried, and sang; the grand-mother's voice wailed "Hallelujah!" over the top of the other voices; and a woman with AIDS tried to lift her head from the pillow to join in. These frail bodies held voices of power and heart and sang for themselves, their families, their pain, their hopes, and their God. I knelt down to be at the same level as them, unable to stop my tears, and we finished out 3 choruses of "Glory, Glory," crying and applauding.

I asked Jane if they would sing a song for me. Jane asked them, and a woman holding a child led with a beautiful call, "Siyabonga Nkosi (We thank you, God)." Ida and her bedmate sat up, clapping and chiming out the 2-part syncopated response. The grandmother and I traded "Amens" and "Hallelujahs," and when we finished, they asked me to sing again. I offered a South African song, "Siyahamba," which they knew. Voices from around the compound started to sing, and for a moment I was part of a community joined in song.

When I left that day, I was both exhilarated and full of regret. I thought how ironic it is that it takes so much work, time, and effort for my US singing group to sing "well" together. And I thought of all that we had at home and that these women would never have. I did not want this moment of effortless harmony to end. The women waved goodbye but kept on singing. Four days later, I left the country.

Postscript

Jane contacted me a month after I left. Ida was healing and would not need the amputations.

My harmony group was invited to sing at the United Nations Commission on Sustainable Development. We were asked to sing songs of hope, justice, and inspiration in a high council chamber during the commission meeting—singing as part of the political dialogue. The organizers were nervous; to their knowledge, music had never before been presented in this way at the UN.

Continuing Medical Education

We sang 4 songs of different languages and cultures. The delegates were surprised and seemed touched by the music. For our last song, I moved forward and started to sing "Siyahamba." Instantly, delegates from all over southern Africa were leaping to their feet, singing out, and running to the center of the chamber to dance. Seconds later, every-

one in the UN Council Chamber was up, swaying and clapping. There were delegates from all corners of the earth—heads of businesses and nongovernmental organizations—dancing with the simultaneous translators in their booths at the back. The nations seemed truly united, and for a moment, I was part of a community joined in song. Hallelujah.

Mary Clark creates community arts projects and teaches world harmony music. Jane Cox now runs the Moya Center, a free clinic and healing and arts center in the Ezulwini Valley in Swaziland. She can be contacted at mj.cox@africaonline.co.sz.

You can hear 2 songs recorded by sangomas—traditional South African healers—when you visit our website—www.ewjm.com.